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ABSTRACT

This paper describes an evaluation of the Child Development Fellowship Program at Boston Children's Hospital which was instituted to provide training to pediatricians (Fellows) in the developmental psychology of normal children. The training objectives for the program are listed briefly and the program evaluation techniques are described and discussed in detail. The three primary evaluation modes used in this project were: (1) objective indicators of the program's impact on the hospital and community (such as numbers of requests received for consultation by the Fellows); (2) analysis of weekly discussions within the program staff about Fellowship training and the relationship of the staff to other groups; and (3) Fellows' self-evaluations and self-reports of their attitudes over the two years spent in the program. Some findings are reported. A fourth evaluation mode, direct evaluation of the Fellows' competencies, is discussed, and reasons for eliminating it from the present evaluation are given. (JMB)

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Evaluation of an Innovative Program in Child Development

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Abstract

The Child Development Fellowship Program at Boston Children's Hospital, under the direction of T. Berry Brazelton, M.D., was begun to provide training to pediatricians in the developmental psychology of normal children (as well as those at especial risk). Major program goals include: 1) learning a "non-pathological model of development; 2) receiving didactic and research experience to allow Fellows to do their own research in the area; 3)training Fellows to be teachers to others in the health professions; 4) evaluating the impact of this new training on Fellows and the impact of the Unit on clinical settings with which it is involved. This paper reviews evaluation efforts to date, focusing on changes in outlook and perspective occurring in the Fellows over the two years they spend in the program. Successful and unsuccessful modes of evaluation are discussed as a guide to future evaluation of similar change-oriented programs.

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Evaluation of an Innovative Program in Child Development

Elizabeth M. Fox, Ph.D.

Since the Child Development program at Boston Children's Hospital was conceived as a prototype for other training programs in normal growth and development, we wanted to evaluate the progress of the program and of the Fellows over time. To date, we have worked with four modes of evaluation: first, objective indicators of the Unit's impact on the hospital and community; second, analysis of ongoing discussions within the Unit about Fellowship training and the relationship of our Unit to other groups; third, direct evaluations of the Fellows' competencies; and fourth, Fellows' self-evaluations and attitudes over time.

As I describe each form of evaluation, I hope you will keep in mind the training objectives that Berry has outlined: 1) the development of a non-pathological, developmental, psychological and somatic point of view; 2) attainment of specific clinical skills, including understanding and use of the transference between doctor and patient, ability to work in a team with other health and education professionals, and competency in developmental evaluation of babies and young children; 3) understanding of child development literature; 4) ability to conduct behavioral research; and 5) acquisition of teaching skills.

The first form of program evaluation, objective indicators, includes such measures as the number of consultations, or "consults," requested by hospital staff for questions of developmental evaluation (this is a measure of their view of child development as a subspecialty); requests from outside groups for training or consultation; our participation at professional meetings and our publications; and requests

for our involvement on policy-planning committees in the hospital and elsewhere. The "consults" have shown a geometric increase over the last three years; other indicators have shown a steady rise.

These indicators speak to our ability to make our point of view both understandable and exciting, to provide our Fellows with clinical skills which are valued, and to make them into effective teachers. The consults have been particularly rewarding, for they not only provide us with a measure of how useful others think we are, but give the Fellows increasing opportunities to teach medical personnel and to sharpen their own clinical skills. Requests to teach, lecture, consult, from community-based groups serve the same function, and have demonstrated how eager people are for information about normal development and child-rearing. Opportunities for policy-planning as well as presentation and publication of research have arisen more slowly, but can be used as long-term indicators after the Fellows leave the program.

A second form of evaluation has been my analysis and critique of the weekly "business meeting" attended by all Fellows and staff. This session provides a regular forum for discussing different aspects of the program and each spring, a number of meetings are devoted to reviewing the current year as a means for planning for the following year. I take copious notes every week which provide documentation of the Fellows' and staff's ideas and concerns over time. Before describing how these meetings shape the Unit's goals, I would like to point out two important functions they serve. First, they communicate that, to the fullest extent possible, Unit policy is formulated democratically, by both Fellows and staff. Second, they provide an important

model for decision-making to these pediatricians who may be running their own programs in the future. In these meetings, Berry provides an extremely important role-model, for he is a remarkably egalitarian chief, who genuinely wants advice and suggestions about improving the program and who is willing to put his weight behind others' ideas. We often disagree with him and wonder whether he has heard us, but we know he will listen if we shout long and hard enough. I am sure his receptiveness to change is an important reason for the high morale and cohesiveness of our Unit.

From my notes, I would like to highlight four types of interesting events which occur regularly at our weekly meetings. First, we can document contacts with others—what groups want to be in touch, who needs us, whom do we want? For example, the director of the medical outpatient clinics at Children's has come to a meeting every six months or so, asking how he and we could work together. And, over the three years, we have moved from being very reluctant to get pulled in to his operation, to being able to propose a well-defined, mutually beneficial relationship. Second, we can document parts of the program which seem impervious to change. We run a conference each week which everyone agrees is necessary, but problematic—to whom should it be addressed, what should be its focus, who should be in charge? For three years, we have been discussing these issues, coming up with good answers, and never implementing them. I'm still not sure why, but it's all there in my notes. A third, more hopeful category is group discussions which have brought about significant and positive changes in the program. These have been primarily in the structuring of research and of clinical training. Records of these meetings show how Dr. Rosenn, our junior faculty pediatrician and former Fellow, helped formulate the E.C.P. Clinic and bring it to

reality, as well as introduce a weekly conference on consults, and how I and the Fellows worked towards restructuring research. This third aspect leads to the fourth, which is documentation of the unintended consequences of program changes. Research has been greatly upgraded in this year's program which has led to tremendous time demands on the first-year Fellows. They are now anxious to discuss this new problem as we shape next year's program.

The third form of evaluation moves from program evaluation (with some indirect evidence of Fellows' performance) to direct evaluation of the Fellows' competencies. To gain insights into possible measures, I consulted with Ms. Janet Hanley-Whitla, Director of EDC in Cambridge. She gave me a number of valuable suggestions, such as making a "folder of growth" for each Fellow, to include documents such as write-ups of research proposals, notes on the consults, reviews of child development topics, etc., which could then be appraised at regular intervals. We discussed a baseline test on the Fellows' understanding of the child development literature, or giving them a hypothetical consult to assess, as well as possible evaluations of their research or teaching by people outside the Unit, on an annual or semi-annual basis. I presented these suggestions at a weekly meeting, where they were greeted with intense resistance. It is probably impossible to spell out all the reasons for the Fellows' rejection of these ideas--in part, they stemmed from their insecurity as to how they might perform and what they really were getting, from their feeling that they were past their residencies and would not submit to being tested like students, and from their feeling that what counted were their successes and failures as measured by objective criteria rather than their performance on some evaluation measure. At that point, we asked

each Fellow to write down how he or she would like to be evaluated or what each one felt should be considered in an evaluation process. Their replies emphasized looking at their effectiveness in real clinical and teaching situations and a concern for evaluating the program as a whole. This led us to the systematic review of the program outlined above.

Despite their resistance, we felt that baseline and change measures in the Fellows were necessary to any evaluation. Since a primary goal of the program was acquisition of a new point of view, rather than particular skills or facts, Ms. Whitla and I decided that an assessment of attitude change, through the medium of a semi-structured interview, might be of value. We devised two interviews, one given to incoming Fellows and the other given at the conclusion of each year of the program. We now have nine baseline interviews, four first-year interviews, and two second-year interviews. The interviews, which I conducted, lasted 1½ to 2 hours and were taped and subsequently transcribed. I have also conducted two interviews with Berry over the three years. (As a clinical aside, I might note that these interviews often seemed to stress the Fellows as much as a test and that their freedom to respond was related to the duration and strength of the relationship between the Fellow and myself.)

The baseline interviews give us a good profile of incoming Fellows. Although their experiences and interests did vary, the following generalizations would apply: Having, in most cases, made a prior commitment <u>for</u> pediatric training and <u>against</u> psychiatry, they were now seeking a broader view of children and families than that presented to them in residency training. They saw the program as a place to learn in a systematic way about normal child development and to engage in behavioral research. They felt committed to teaching (although not necessarily in an academic setting) and

were anxious to develop skills in developmental evaluation. Although they came to learn a new point of view, they worried about whether the program had a specific body of knowledge to transmit and they were not certain what a pediatrician with this training might be especially qualified to do.

At the end of the first and the second years, the interviews give us fascinating insights into the Fellows' progress, as they view it. The gains and struggles vary from individual to individual, but there are many common themes. Let me share some of the comments they made.

Their seminars in child development were seen as valuable because of their clinical applicability. One Fellow said the seminars provided "an intellectual and semi-objective structure to make sense out of my clinical observations." They were all excited about the application of Piagetian concepts to clinical work. As one commented, "my view of childhood blossomed enormously."

Their attitudes towards research changed over the two years. Halfway through the program, as they were designing projects and beginning to collect data, they commented how difficult behavioral research was and how you could only learn about it by doing it. One Fellow said, "I think I have a lot more respect for researchers." By the end of the second year, the Fellows waxed philosophical as they could begin to see an endpoint to their labors. One Fellow said, "there's the creative satisfaction of having discovered something about an entity and the promise of discovering something about the way children and infants in general cope with stress." Another said, " I think the ultimate value of having done this research is how it adds to me, what it teaches me about life. "

The development of the Fellows' clinical and teaching skills and of a distinctive point of view is intimately related to a growing sense of identity as a special kind of pediatrician. They credit Berry as an essential role model: one said, "Just watching him and how he handles people is really good." Another described his enthusiasm as like a "shot in the arm." In terms of the program in general, one commented: "I think the program has taken a lot of ideals that I had and made them concrete. Although I'm still not at the point where I can say this is what I as a child developmentalist should be doing, I think that I'm a lot closer to that than I was at the beginning of the year. Another commented, " I see very much more clearly what parents go through as parents, what kids go through developing as kids, and how I can relate to them and help them if they want. It's opened up new possibilities I hadn't thought about—I've learned that you can build and use a relationship with parents and I have never looked at that anywhere before."

Where might our evaluation go from here? Are our current methods sufficiently objective, what others might we develop, what really counts as proof that we are doing what we set out to do? Perhaps, as the staff and Fellows grow increasingly assured about the usefulness and value of the program, we will be able to institute "folders of growth" or other more direct measures. At present, however, with the tools we have available, we feel that the program has gained great momentum since its inception three years ago and despite internal aggravations and external obstacles, has provided a quality experience for the Fellows and a stimulating environment for everyone. I close with two quotes which I hope capture the essence of our enthusiasm. The first is from Dr. Rosenn, as he outlined his proposed schedule as junior faculty member:

" Well, I'd like to spend about half of my time this coming year on research. That leaves half of my time for teaching, half of my time for seminars, the other half of my time for reading, half of my time for learning about child psychiatry and family therapy!! That adds up to 450% of my time!" And Dr. Brazelton, in looking over the growth of the program: "It's very exciting—constantly exciting—the trouble is it's too exciting. I never really had any vision of being able to see all this come through—in terms of my own feeling about my own work it's added a whole dimension—it's just like suddenly coming on to what you have always dreamed about."

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